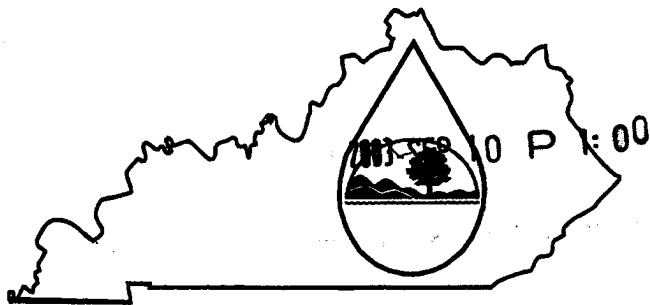


KPDES FORM 1

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



RECEIVED BY KPDES BRANCH

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE							
A. Name of business, municipality, company, etc. requesting permit Middletown Waste Disposal, Inc.									
B. Facility Name and Location					C. Facility Owner/Mailing Address				
Facility Location Name: Middletown Waste Disposal, Inc.					Owner Name: Middletown Waste Disposal, Inc.				
Facility Location Address (i.e. street, road, etc.): 13105 Middletown Industrial Blvd.					Mailing Street: 130 Apple Lane				
Facility Location City, State, Zip Code: Middletown, KY 40243					Mailing City, State, Zip Code: Taylorsville, KY 40071				
					Telephone Number: (502) 423-7361				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

Middletown Waste Disposal, Inc. owns and operates a .16 MGD waste treatment plant serving a portion of the Middletown, KY area. The plant provides a primary and secondary treatment, and an aerated lagoon.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description: 4952

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

Jefferson

City where facility is located (if applicable):

Middletown

C. Body of water receiving discharge:

Tributary of Chenoweth Run

D. Facility Site Latitude (degrees, minutes, seconds):

38°15'05"

Facility Site Longitude (degrees, minutes, seconds):

85°30'41"

E. Method used to obtain latitude & longitude (see instructions): U.S.G.S. topographic map coordinates

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

None

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: Sanders Sales & Service Joe Sanders	Telephone Number: (502) 231-2829
Operator Mailing Address (Street): 7109 Lorenzo Lane	
Operator Mailing Address (City, State, Zip Code): Louisville, KY 40228	
Is the operator also the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Certification Class: Class II	Certification Number: 6299

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: KY 0086843	Issue Date of Current Permit: March 1, 1999	Expiration Date of Current Permit: March 31, 2004
Number of Times Permit Reissued: 3	Date of Original Permit Issuance: July 8, 1981	Sludge Disposal Permit Number: James Headden Septic Tank, Inc. 29114
Kentucky DOW Operational Permit #: N/A	Kentucky DSMRE Permit Number(s): N/A	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit	N/a	

VI. DISCHARGE MONITORING REPORTS (DMRs)	
KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.	
A. Name of department, office or official submitting DMRs:	Donald A. Lorenz, Secretary-Treasurer
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	
DMR Mailing Street:	
DMR Mailing City, State, Zip Code:	
DMR Official Telephone Number:	(502) 423-7361

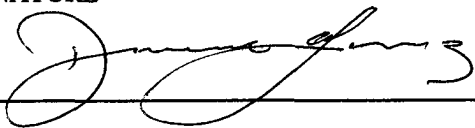
VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category: Large Non-Publicly Owned Treatment Works	Filing Fee Enclosed: \$340.00
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VIII. CERTIFICATION

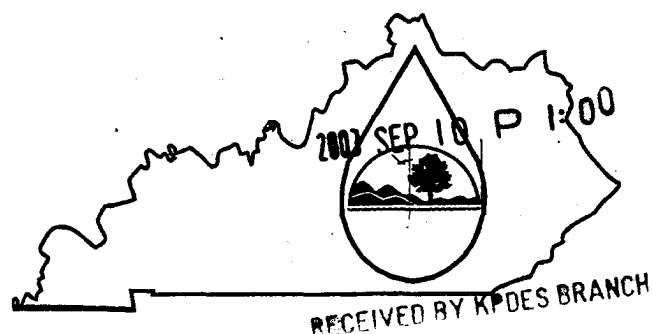
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Donald A. Lorenz, Secretary-Treasurer	TELEPHONE NUMBER (area code and number): (502) 423-7361
SIGNATURE 	DATE: September 9, 2003

KPDES FORM SC

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Middletown Waste Disposal, Inc.							
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				7			
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): Original land area of 90 acres design factor of 2,000 GPD/acre. Modified to 1,000 GPD/acre=90,000 GPD + 70,000 GPD for commercial development known as Middletown Station.							
B. If new discharger, indicate anticipated discharge date:				N/A			
C. Indicate the design capacity of the treatment system:				.16 MGD			

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	38	15	05	85	30	41	Trib of Chenoweth Run
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				U.S.G.S. topographic map coordinates			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Domestic	.16 MGD	Bar screen	1-T 1-L
			Activated sludged	3-A
			Aerobic digestion	5-A
			Aerated lagoon	3-B
			Cl ₂ disinfection	2-F
			SO ₂ dechlorination	2-E
			Surface discharge	4-A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
 ☐ Noncontact cooling water
 ☒ Other (list): Domestic waste from industrial storage buildings.

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake: _____
☐ Publicly-owned treatment works (POTW). Name of POTW: _____
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	N/A
<input type="checkbox"/>	Arsenic	N/A
<input type="checkbox"/>	Beryllium	N/A
<input type="checkbox"/>	Cadmium	N/A
<input type="checkbox"/>	Chromium	N/A

<input type="checkbox"/>	Copper	N/A
<input type="checkbox"/>	Lead	N/A
<input type="checkbox"/>	Mercury	N/A
<input type="checkbox"/>	Nickel	N/A
<input type="checkbox"/>	Selenium	N/A

<input type="checkbox"/>	Silver	N/A
<input type="checkbox"/>	Thallium	N/A
<input type="checkbox"/>	Zinc	N/A
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	0	(If bypass points are indicated, information below must be completed for each bypass.)
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Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	N/A per year	per year
Give average duration of bypass	N/A hours	hours
Give average volume per incident	N/A 1,000 gallons	1,000 gallons
Give reason why bypass occurs:	N/A	

B. Number of Overflow Points:	0	(If discharge is from an overflow point, the information below must be completed.)
Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	N/A per year	per year
Give average duration of overflow:	N/A hours	hours
Give average volume per incident:	N/A 1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	0
Give the number of times discharge occurs per year	N/A
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
A portion of Middletown, KY and the Middletown Industrial Park	Varies
TOTAL POPULATION SERVED	

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	5.3	6.91 MG/L	52
TOTAL SUSPENDED SOLIDS	26	6.91 MG/L	52
FECAL COLIFORM	200	<20 */100 ML	52
TOTAL RESIDUAL CHLORINE	.01	<.01 MG/L	52
OIL AND GREASE	N/A	N/A	--
CHEMICAL OXYGEN DEMAND	N/A	N/A	--
TOTAL ORGANIC CARBON	N/A	N/A	--
AMMONIA	6.31	1.45	52
DISCHARGE FLOW	.437MGD	.117 MGD	cont. (365)
pH	8.4	6.9 (min)	52
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:	continuous
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XIII. CERTIFICATION	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
NAME AND OFFICIAL TITLE (type or print): Donald A. Lorenz Secretary-Treasurer	TELEPHONE NUMBER (area code and number): (502) 423-7361
SIGNATURE	DATE September 9, 2003

